## STATEWIDE SHORT-TERM NURSING CARE PROGRAM (SWING BEDS)

FACILITY NAME	CITY	FACILITY NUMBER	DEPT INV*	
Saint Mary's Standish Community Hospital	Standish	06-0020	10	
Baraga County Memorial Hospital	L'Anse	07-0020	9	
Paul Oliver Memorial Hospital	Frankfort	10-0020	8	
Borgess Lee Memorial Hospital	Dowagiac	14-0010	10	
Charlevoix Area Hospital	Charlevoix	15-0021	10	
Chippewa County War Memorial Hospital	Sault Ste Marie	17-0020	10	
Sparrow Clinton Hospital	St Johns	19-0011	10	
St. Francis Hospital	Escanaba	21-0010	10	
Dickinson County Healthcare System	Iron Mountain	22-0020	10	
Grand View Hospital	Ironwood	27-0022	10	
Keweenaw Memorial Medical Center	Laurium	31-0021	10	
Portage Health Hospital	Hancock	31-0020	10	
Scheurer Hospital	Pigeon	32-0030	10	
Harbor Beach Community Hospital	Harbor Beach	32-0040	10	
Tawas St Joseph Hospital	Tawas City	35-0010	10	
North Star Health System	Iron River	36-0021	10	
Helen Newberry Joy Hospital	Newberry	48-0020	10	
Mackinac Straits Hospital & Health Center	St Ignace	49-0030	10	
Bell Memorial Hospital	Ishpeming	52-0051	10	
Sheridan Community Hospital	Sheridan	59-0030	10	
Spectrum Health United Memorial -Kelsey	Lakeview	59-0201	10	
United Memorial Health Center	Greenville	59-0060	10	
Ontonagon Memorial Hospital	Ontonagon	66-0020	10	
Spectrum Health-Reed City Campus	Reed City	67-0021	10	
Three Rivers Health	Three Rivers	75-0020	10	
McKenzie Memorial Hospital	Sandusky	76-0030	10	
Eaton Rapids Medical Center	Eaton Rapids	23-0021	5	
Munsing Memorial Hospital	Munsing	02-0010	2	
Marlette Community Hospital	Marlette	76-0041	10	
Hills and Dales General Hospital	Tuscola	79-0031	10	
Kalkaska Memorial Health Center	Kalkaska	40-0020	4	
Deckerville Community Hospital	Deckerville	76-0010	5	
Schoolcraft Memorial Hospital	Manistique	77-0010	10	
PLANNING AREA TOTAL			303	

\* Figures in the Department Inventory column reflect CON approved beds.

NOTE: TABLE MAY NOT INCLUDE PENDING APPLICATIONS, DECISIONS NOT POSTED, NOR DECISIONS UNDER APPEAL.

Pending Applications/Appeals (new beds only)

- criaing rependancing repoduc (non bode only)					
Facility Name	City	Facility No.	Req. # Beds	Decision	Appeal
None to date					